Jéan-

4-24-97

1. TASK NUMBER 970114CCC5206			2.INVESTIGATO 8944		EPIDEMIOLOGIC INVESTIGATION REPORT	
3. OFFICE CODE  820	4. DATE OF ACCIDENT YR MO DAY 96/12/29		5. DATE INITIATED YR MO DAY 97/02/05			
6. SYNOPSIS OF ACCIDENT OR COMPLAINT  0 29116 18500 5  An 8 year old male was playing with a flying toy in the basement of his home with the work was playing which made the toy fly, the figure split apart throwing the one wing into his front teeth. The victim's mother took him to the dentist the following day and reconstructive work was done on his broken front teeth.  1. 1/15/67 Follow them: when we was a family family for the construction of the construction o						
7.LOCATION(Home,School,etc.) Home 10		8. CITY Perry Hall		9.STATE Maryland		
TOTAL PRODUCT		10B. TRADE/BRAND NAME Tara Toy Corp.		10C. MODEL NUMBER 18500		
10D. MANUFACTURER NAME AND ADDRESS Tara Toy Corp. Hauppauge, N.Y. 11788  11A SECOND PRODUCT 11B. TRADE/BRAND NAME 11C. MODEL NUMBER						
None		N/A	N/A		N/A	
11D. MANUFACTURER NAME AND ADDRESS N/A						
12. AGE OF VICTIM 008	13. SEX Male 1		14. DISPOSITION Treated and Released 1		15. INJURY DIAGNOSIS Dental Injury 60	
16. BODY PART (S) INVOLVED Teeth 88	17.RESPONDENT Complainant 1		18. TYPE OF INVESTIGATION On-site 1		19. TIME SPENT (OPERATIONAL HOURS) 12.5	
20. ATTACHMENT(S) None 0	21.CASE SOURCE Consumer Complaint		07 None		COLLECTION NUMBER	
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY)  NO						
24. REVIEW DATE	25. REVIEWE	D BY		26. REGIONA	L OFFICE DIRECTOR	
27. DISTRIBUTION O:EHDS CC:MAS	C/CCA					

Seam spet after 3rd flewing flewing flewing flewing flewing flower out of poshet 368

CPSC FORM 182 (REVISED 12/96)

OMB NO. 3041-0029

### 970114CCC5206

#### PRE-INCIDENT:

Information concerning this incident was provided by the victim's mother, on-site at their home in Perry Hall, Maryland. The victim is a 8 year old male who resides in a 3 story single family town house with his brother, mother, and father.

On Saturday, December 28, 1997, the victim and his family visited relatives in Taneytown, Maryland. Both the victim and his brother each received a "Flying Warrior" toy from their aunt. Both toys were purchased new and at the same time from "Toy Works" in Westminster, Maryland. The "Flying Warrior" toy is a futuristic pistol style gun that has a styrofoam dart that fits on the muzzle of the pistol. There is an action figure of a man in a space costume with wings for arms. The arms move up and down from the figures sides. This figure fits into a round hole on the top of the pistol. When a retractable pull cord on the back of the pistol is pulled, the figure spins up into the air and the arms/wings open up and the figure spins like a helicopter to the ground. The styrofoam dart can be fired at the figure in flight by squeezing the pistol grip. It was too cold for the brothers to play with their flying toys outside, so they victim's toy was not used that day.

On the following day, Sunday December 29, 199½, the victim and his brother were playing with their flying toys on the first floor of their home. The weather was still cold and overcast, so they were playing in the house.

#### INCIDENT:

The victim launched his figure approximately 2 times without incident. On the third attempt, the victim pulled the retractable pull cord which launches the figure. As the figure started to spin into the air, the plastic figure split down the seam throwing the figures plastic arm/wing at the victims face. The arm/wing hit the victim in the mouth breaking the victims upper 2 front teeth.

Page 3

# ST-INCIDENT:

The victim ran upstairs to the kitchen where his mother was, and showed her what had pened. The victims brother had gathered up the broken fragments of the victims teeth brought them upstairs to his mother. The victim's mother called her pediatrician and nformed her to contact her dentist. She then contacted their dentist and

# 970114CCC5206

e an appointment for the following day at 8:00 am. During their dental appointment, lentist x-rayed the victims teeth and found that the nerves were not damaged. The were then capped with a resin material. The dentist informed the victim's mother that hemicals in the resin used to cap the victims teeth may start to kill the nerves, but they d not know for another 6 months. The victim has a follow up appointment in July of . At this appointment it will be determined whether the victim will need a root canal or

der 3

e victim's mother has contacted the manufacturer of the toy and was referred to the insurance company. The insurance company for the firm is: Fireman's Fund ance Company. The insurance company and the victim's mother are waiting for all cal bills to be presented to the insurance company before settling the claim. The 's mother has not decided what to do with the toy at this point. She is holding the toy he claim is settled. I was able to photograph the broken toy and the unbroken toy as the brothers, but was unable to obtain the toy as a sample. Immediately after the nt, the victim's mother would not allow the victim's brother to play with his "Flying or" toy. She is afraid the same thing may happen with the unbroken toy.

## **JUCT IDENTIFICATION:**

toy is known as a "Flying Warrior" toy which is distributed by "Tara Toy ration", Hauppauge, N.Y. 11788. Both the action figure and the packaging state, in China". The model number is: 18500, and the SKU on the packaging is: "0 18500 5". The action figure is approximately 7" tall and has a wing span of timately 9" and is made of plastic with a seam running up each side of the figure. In thalf of the figure is glued to the rear half. The arm/wing that struck the victim is imately 5" long.

#### **DARDS:**

e are current CPSC standards for toys intended for children under the age of 3.

# ACCIDENT INVESTIGATION REQUEST FORM

Document Number X9710078A
Date of Incident 12/0.9/9/ Category I.D. DECT TK/99
Follow-Up Requested Exzard Analysis Section 15
Type Follow-Up Requested Telephone Call On-Site
Headquarters Contact 16001 Klunedy
Assignment Message Fliable lenduct an on-site
investigation on the Attached
incidents Collect the sample it
its still available
Person(s) to Contact Eric
Ferry Hall 1911 2/128.
Guideline
Requested By
Task Munber 970/14 (°CC 5206
Assigned to MASC Date 970113.

CPSC Form 324 (2/90)

Author: Marc J. Schoem at CPSC-HQ2

Date: 1/2/97 10:59 AM

Priority: Low

TO: Theresa D. Rogers TO: Robert G. Poth TO: Frank J. Krivda

Subject: Internet form incident report ----- Message Contents -----

X971 0078

FYI - I received from Murray Cohn - internet complaint - Marc

Forward Header \_

Subject: Internet form incident report Author: Murray S. Cohn at CPSC-HQ1

12/31/96 8:57 AM

ISSUE 1.61 -

Mon Dec 30 22:01:52 EST 1996

Name = Eric Address City = Perry

State - Md Zip = 21128

Email = emaftingmail bcpl

Telephone Name of Wetim = Name or Victim's Address

Victim's State = Md Victim's Zip = 21128 Victim's Telephone =

JAN 7 4 1997

Incident Description: Our 8 year old son was playing with a toy he had received for Christmas when a piece of the toy flew off and struck him in the mouth breaking off his two front teeth at the roots. The toy is called "Flying Warriors" and is made of plastic. It consists of a plastic launcher and a plastic figure that is mounted on top of the launcher. The figure has two arms/wings that hang down at the figure's sides until it is launched. Then the wings spread as the figure is launched into the air. The figure then glides back down to the ground. While playing with the toy it apparently became cracked where the two halves of the figure are glued together. This caused one of the arm/wings to pull out of its socket after it was launched and strike our son in the mouth. Our son is seeing a dentist to have his front teeth reconstructed. Any info or help in this matter would be greatly appreciated. Thank you. Eric and Barbara Martin

Victim's age = 8 Victim's sex = Male Date of incident = 12/29/96
Product involved = Flying Warrior plastic figure and launcher Product brand name/manufacturer = Tara Toy Corp. Product involved still available = (Yes) Product model and serial number = 18500 Date product purchased = before Christmas

970114 CCC 5206

Please assift

[OI to the forther of the formaly, 00]

# U. S. CONSUMER PRODUCT SAFETY COMMISSION AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

	You are hereby authorized to di with the information collected on	· · · · · · · · · · · · · · · · · · ·	53
$\boxtimes$	My identity is to remain confident	tial.	
Barto	ava	3/12/97	•
(Sig	mature)	(Date)	

Investigation Repor	t - Analyst's Comment	es ①
ask No. 970114 ccc 5206	_ Regional Office _	MASC
roduct Code 13/7	_ Investigator ID _	8944
ategory SECTJH 1997	Hours Reported	12.5
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	··· []	
f you believe the identified dem nvestigator/victim and requesting	rectendies lequire co	u ujesce megernik

Signature

JAN 6 1997 CONSUMER PRODUCT INCIDENT REPORT Region: MASC 1. NAME OF RESPONDENT 2. PHONE NO. (HOME) (WORK) Barbara unknown STATE ZIP CODE STREET ADDRESS 4. CITY Perry Hall MD 21128 5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES Son launched hard plastic toy figure into air as instructed, figure separated at glued seam, and its hard plastic left wing detached from figure's body while 5' in air. Toy figure's wing struck son in mouth and fractured his top front two teeth; consumer applied pressure to son's gum to stop bleeding; no Rx required. Consumer discontinued son's use. -cont-7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX 8. IF VICTIM DIFFERENT FROM 6. DATE OF 8 Y/M RESPONDENT, PROVIDE NAME AND DESCRIBE INJURY: INCIDENTS Christopher RELATIONSHIP 12/29/96 fractured 2 top front teeth son 9. DESCRIPTION OF PRODUCT 10. BRAND NAME 11.5" tall hard plastic flying toy Flying Warriors 12. MODEL, SERIAL NUMBERS 11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Tara Toy Corporation M #18500 unknown Hauppauge, NY 11788 13. DEALER'S NAME, ADDRESS & PHONE unknown Toy Works unknown unknown Taneytown, MD 21787 unknown 14. WAS THE PRODUCT DAMAGED, REPAIRED OR 15. PRODUCT PURCHASED IF YES, BEFORE DATE PURCHASED 12/28/96 AGE 1 day MODIFIED? YES x NO OR AFTER THE INCIDENT? after DESCRIBE: 16. DOES PRODUCT HAVE WARNING LABELS? damaged: see narrative IF SO, NOTE: "For ages 5 and up." 17. HAVE YOU CONTACTED THE 18. IS THE PRODUCT STILL 19. MAY WE MANUFACTURER? YES NO xAVAILABLE? YES x USE YOUR NAME IF NOT, DO YOU PLAN TO CONTACT IF NOT, ITS DISPOSITION WITH THIS THEM? YES NO x OTHER? REPORT? YES x NO FOR ADMINISTRATION USE 20. DATE RECEIVED RECEIVED BY (NAME & OFFICE) 22. DOCUMENT NO. 01/02/97 H9710011A pyr/HL FOLLOW-UP ACTION 24. PRODUCT CODE(S) 1317 ENDORSER'S NAME & TITLE 25 CCH 1/3/1997 CPSC FORM 175 (9/89)

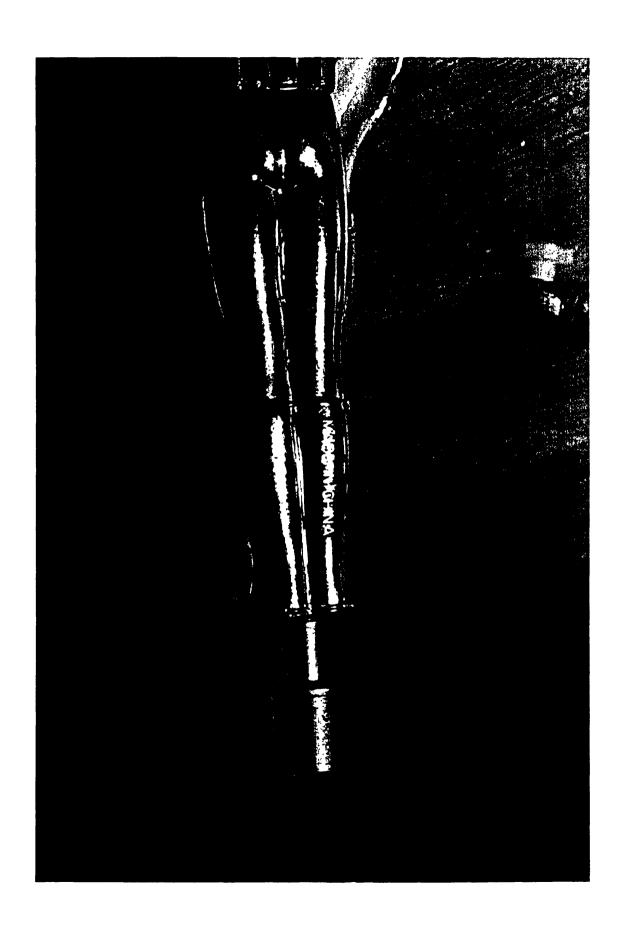
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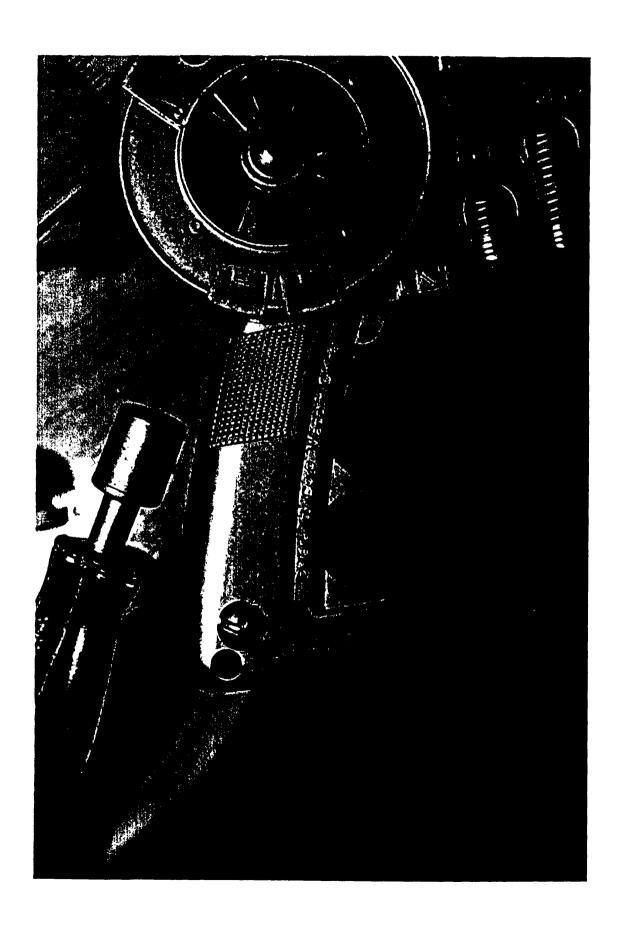
#### ACCIDENT INVESTIGATION REQUEST FORM

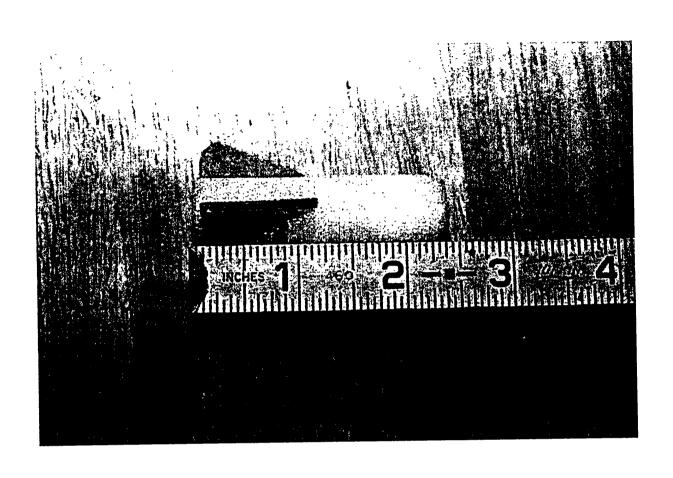
Document Number	Xq	7/007.8	A	
Date of Incident _	12/29/9	Category	I.D. <u>SEC.</u>	TK199
Pollow-Up Requeste	a / / /	Bazard Analysis	3	Section 15
Type Follow Up Requ	ALTERNATION OF THE PERSON OF T	Telephone Call	_	On-Site )
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	New Control			
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Requested By		111125	6000	
Task Number		14 CCC	5000	
Assigned to	MASC	Date	97011	3

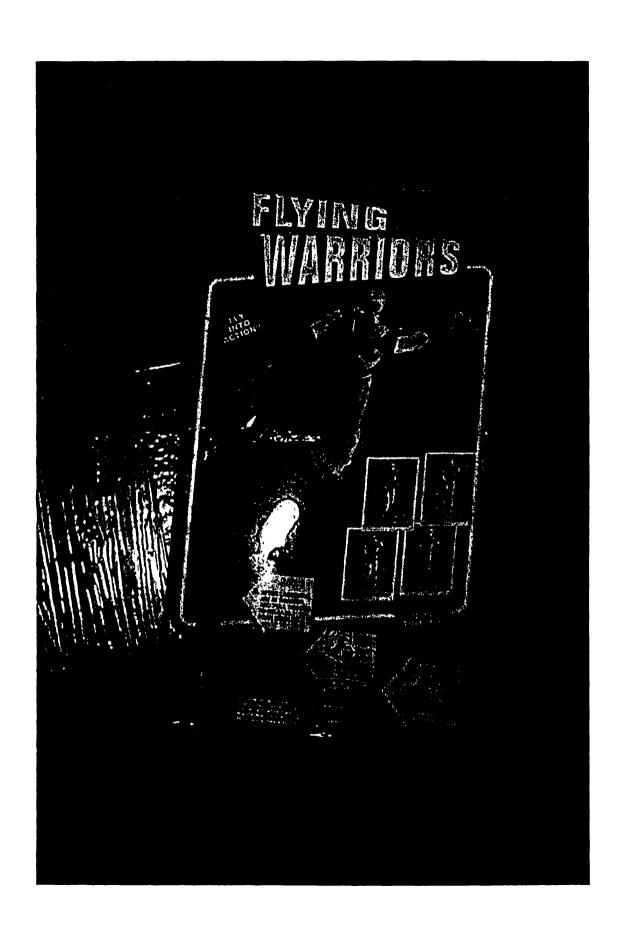
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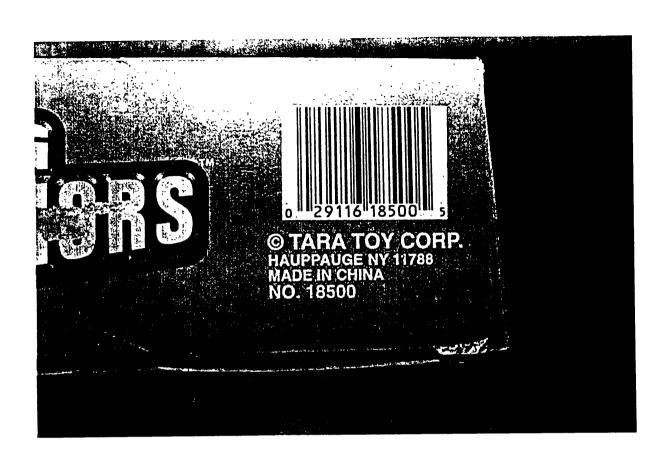


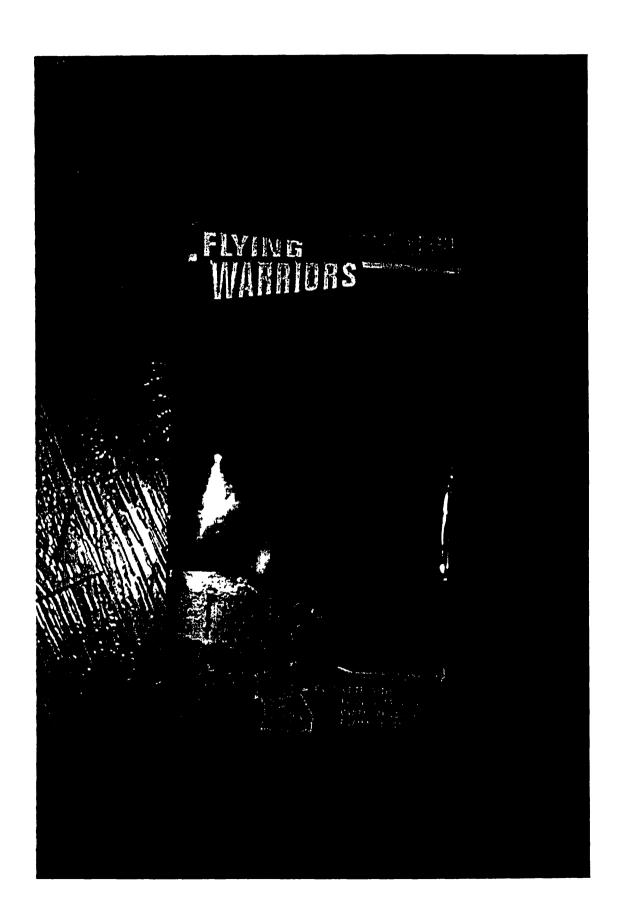




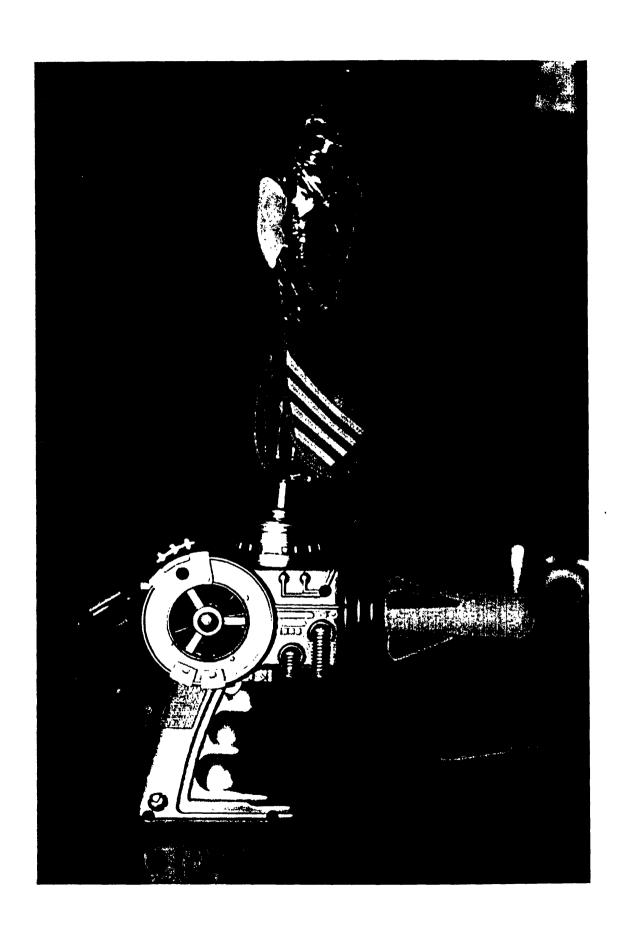


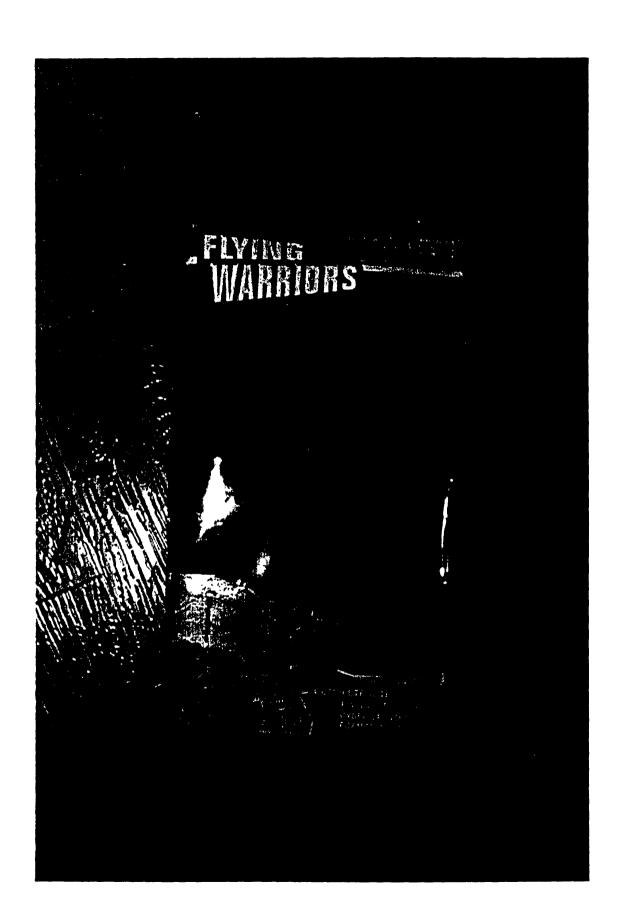


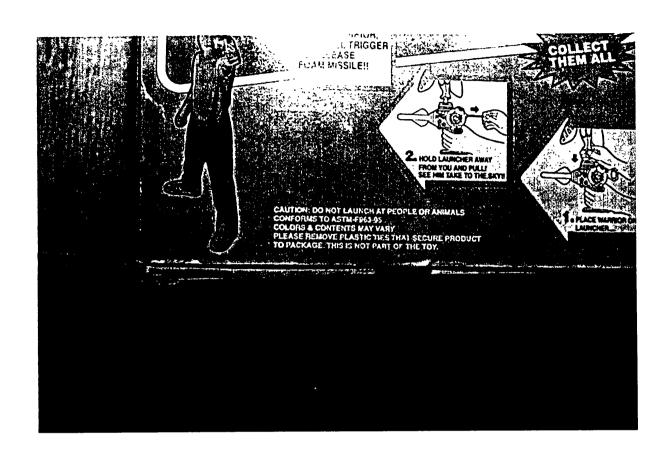


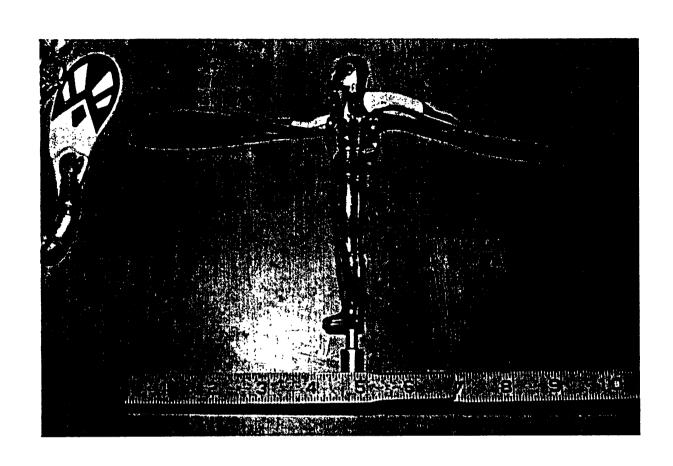




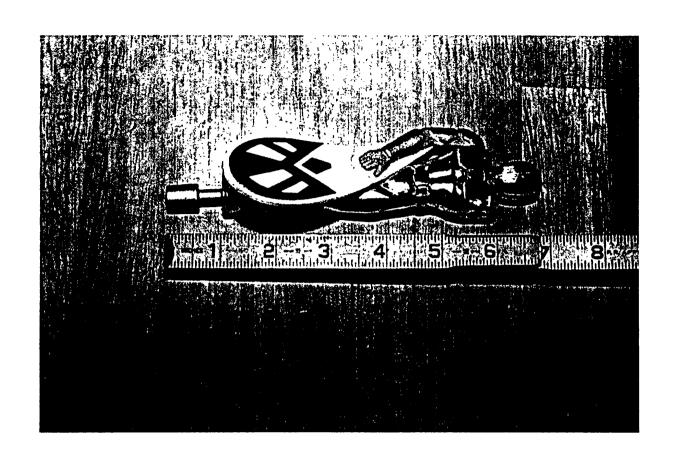


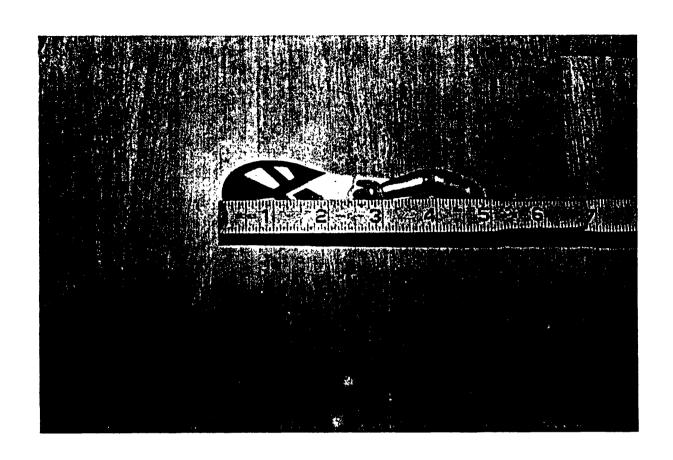


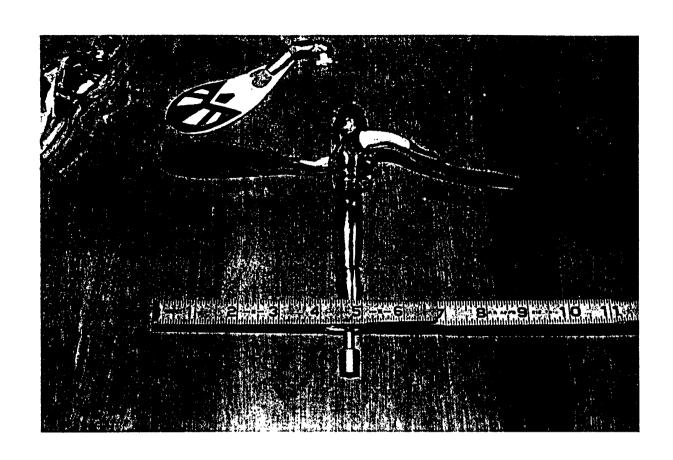


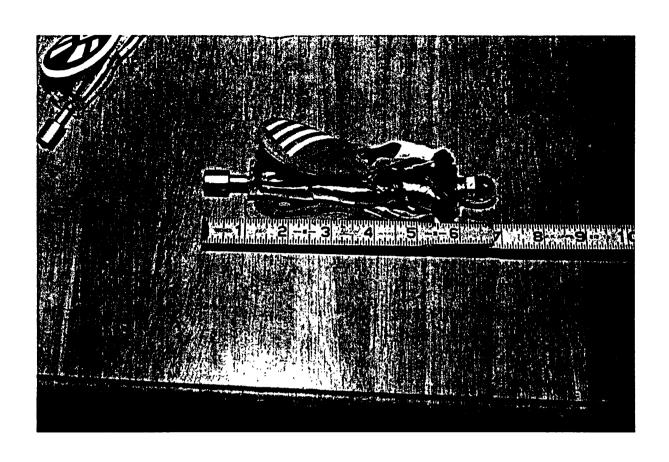


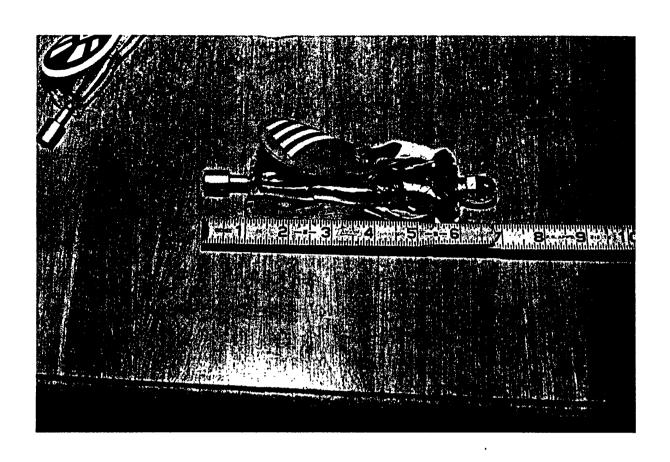


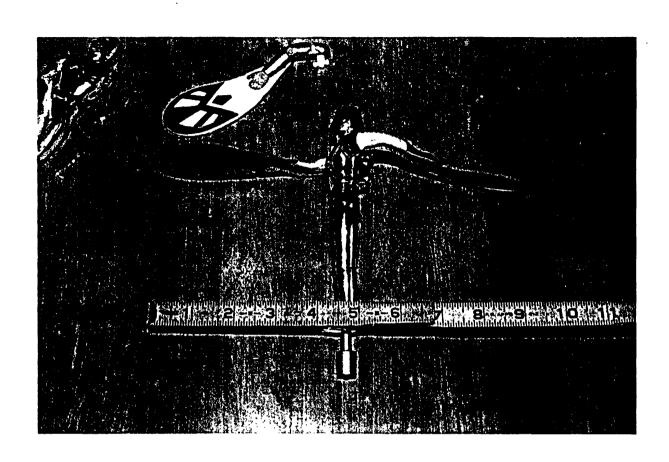


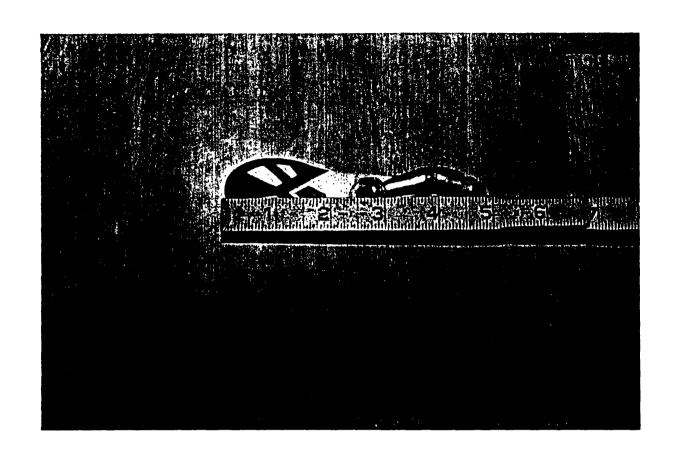


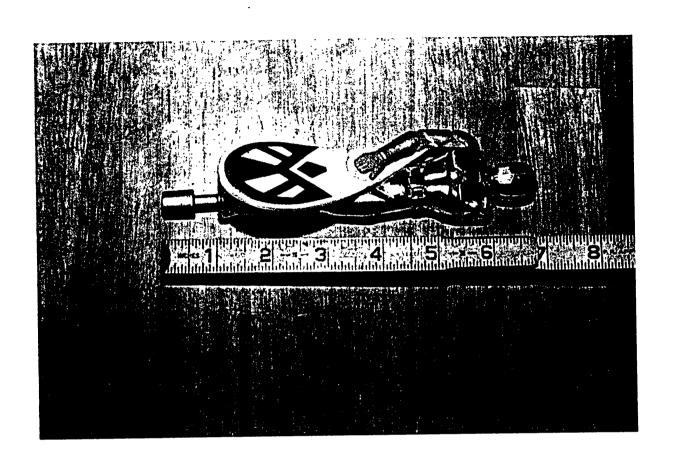


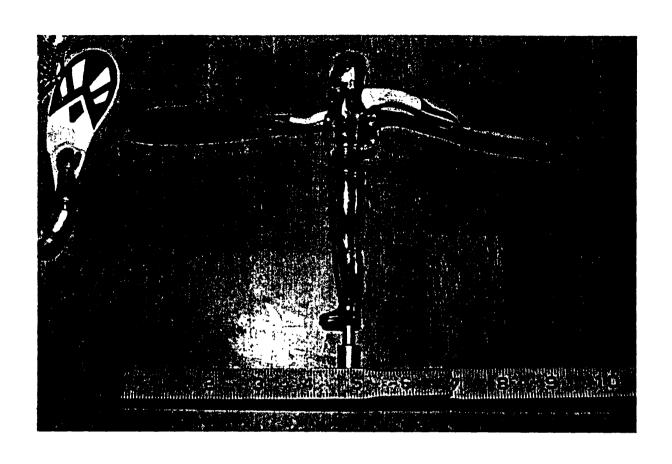


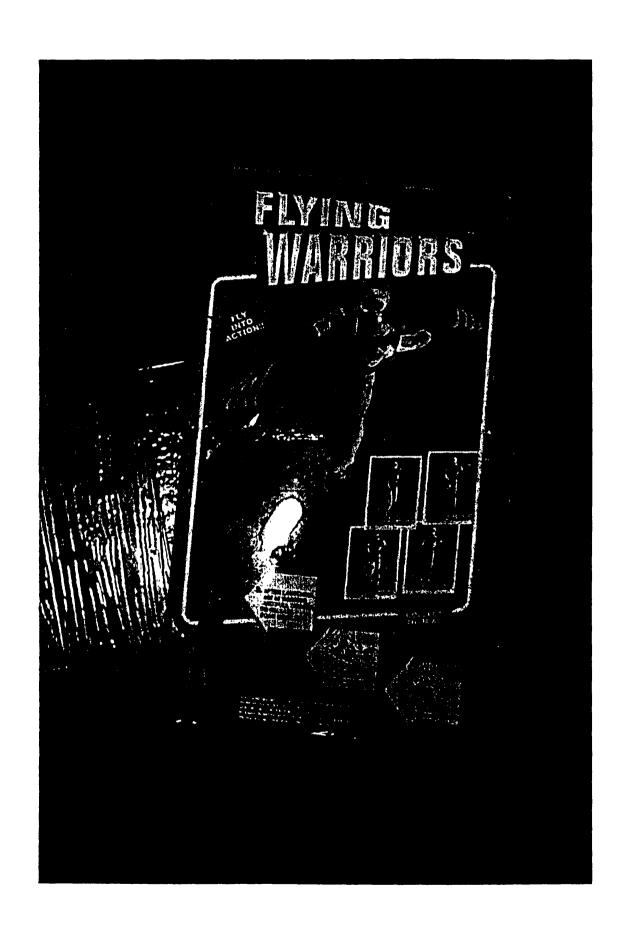


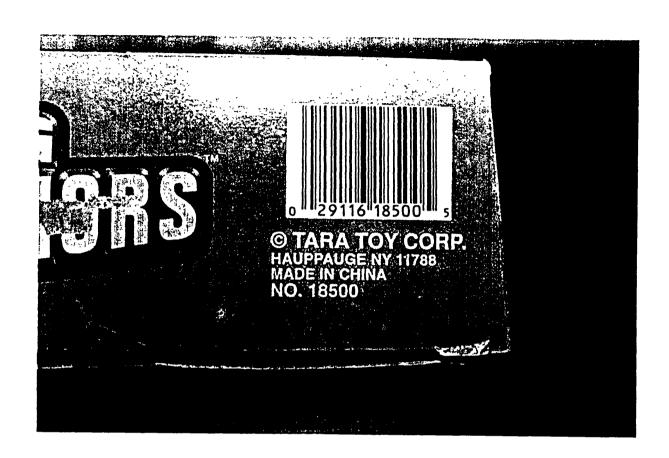


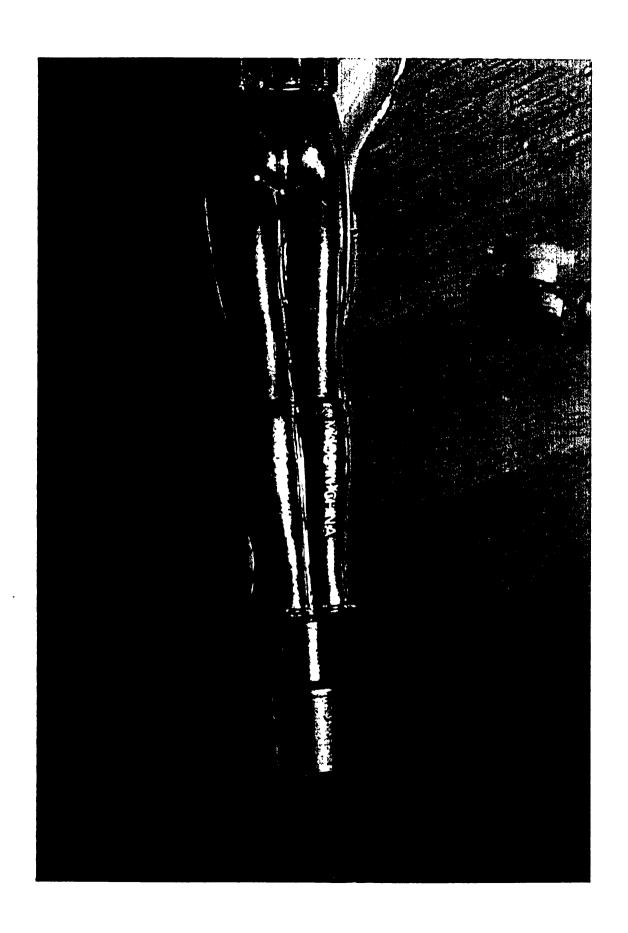


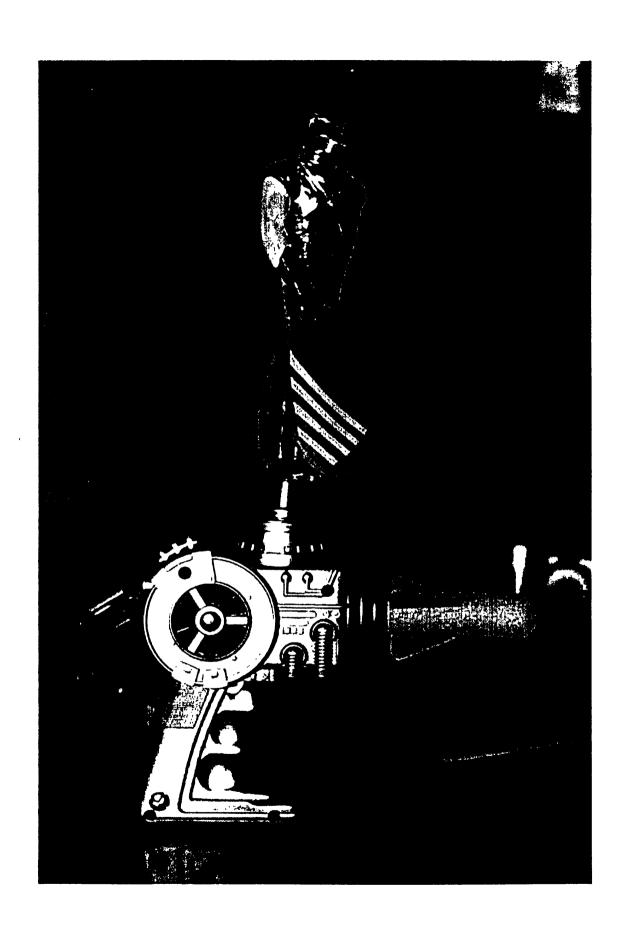


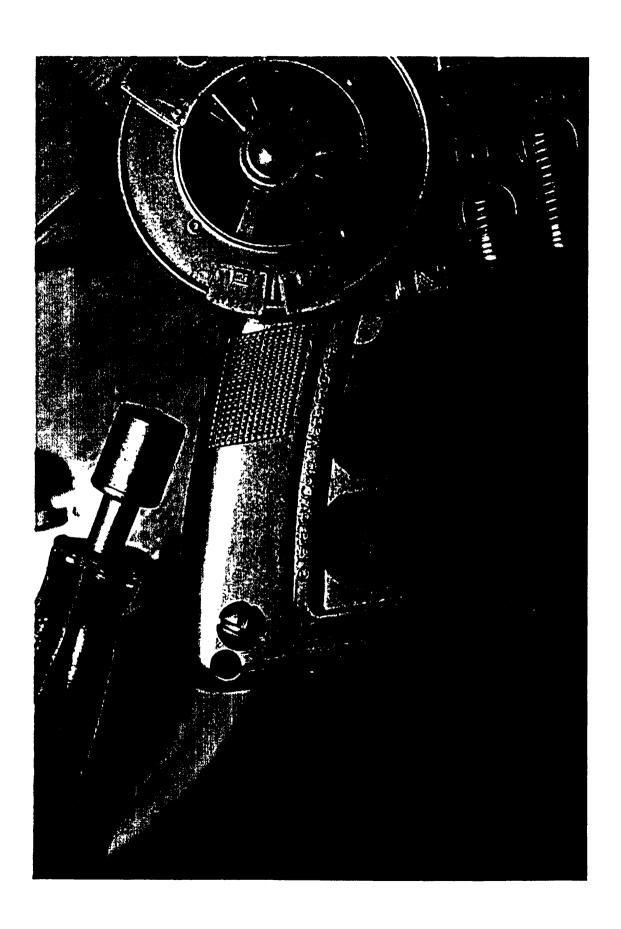


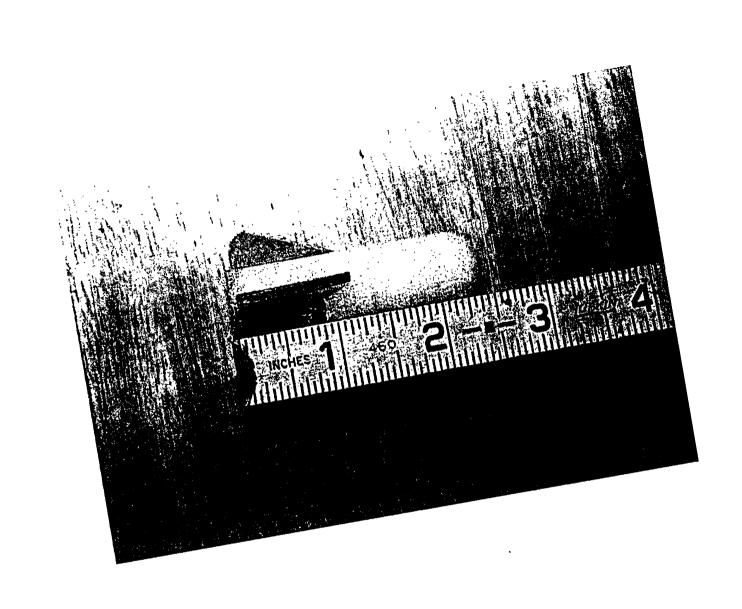












	FIELD A	CTIVITY COV	/ERSHEET	
1. REGION/STATE FOWR	2. OPERATION (Check One) ( ) Inspection ( ) Telephone Contact ( ) Other [ ]	• •	ishment Visit Investigation	3. DATE 7-16-97 4. NUMBER (For RO Use) 970609CCC3200
5. ESTABLISHMENT Name Tara Toy Corp.	Ciny Hauppauge Zip 117	88	State Telephone	Address NY
6. RELATED FIRM Name [	( ) Parent ( ) Head	iquarters (	) Subsidiary ( ) Ot	her
7. PRODUCTS COVERED			8. OTHER CONSUMER	PRODUCTS
Flying toy			[	1
9. ESTABLISHMENT TYPE ( ) Manufactus ( ) Wholesaler ( ) Retailer ( ) Other [	rer ( ) Importer	10. ANNUAL PRODUCT Product Covered \$ U Other Products \$		
11. I.S. BUSINESS % Received [ ] % Shipped [ ]	12. SAMPLES COLLECTED 97-	860-5623	3. MIS CODE 32626	14. HOURS Activity [ 20 ] Travel [ 3 ]
15. REASON FOR ACTIVITY Follow up to consume	I TY (Assignment Reference)  T's report of eye injury caus	ed by a flying to	y.	
16. ANNOUNCED ( ) UNANNOUNCED (	Rationale for Announced Inspection	PR		
17. EMPLOYEE'S NAME	Roger C. Burrows	TITLE Resident Invest.	SIGNATURE	
The attached audio ta		nsurance agency	representing the mar	nufacturer of the toy. The tape n may now be classified as
19. REVIEWER'S NAME	Keven Barton	TITLE Supervisor	SIGNATURE	
20. REVIEW DATE	21. DISTRIBUTION O: EE	<u> </u>	CC: CCA Jean Kennedy C	CS: FOWR LDB
PSC FORM NO. 167 (Rev	. 8/86][Adapted for WP Wir	dows 4/931 (Free	n 10-1170 Printer 10	/03)



Fireman's Fund Insurance Company John R. Taylor
Field Claims Manager

August 7, 1997

Consumer Products Safety Commission 13 Union Plaza Court Rm 104A Oceanside CA 92054

CLAIM NO.: 680 97 567471

OUR INSURED: Tara Toy Corporation

DATE OF LOSS: 6/10/97

CLAIMANT: David Huddler

Dear Mr. Burrows:

I am in receipt of the authorization form that you afforded to me regarding the above-captioned claim. As I advised, I did obtain a recorded statement of David Huddler. A copy of his statement is attached.

Hopefully, the copy of this statement will be helpful to you.

Sincerely,

Ann Reinhardt

Senior Claims Representative

AR:cb525

	FIELD A	CTIVITY COV	ERSHEET	
I. REGION/STATE FOWR	2. OPERATION (Check One) ( ) Inspection ( ) Telephone Contact ( ) Other [ ]	( ) Establishi	ment Visit ( ) Investigation	3. DATE 7-16-97 4. NUMBER (For RO Use) 970609CCC3200
5. ESTA. City Hauppauge	BLISHMENTName Tara Toy Co	orp. State NY	1.	Address Zip 1788 Telephone
6. RELATED FIRM Name [		rters ( ) Subsidiary te [ ]	y ( ) Other	
7. PRODUCTS COVERED Flying toy		-	8. OTHER CONSUMER	PRODUCTS ]
9. ESTABLISHMENT TYPE ( ) Manufacture. ( ) Wholesaler ( ) Retailer ( ) Other [	r ( ) Importer ( ) Own Label Distrib ( ) Repackager ]	outor	10. ANNUAL PRODUCT Product Covered \$ Ut Other Products \$	
II. I.S. BUSINESS  % Received [ ]  % Shipped [ ]	12. SAMPLES COLLECTED 97-8	360-5623	3. MIS CODE 32626	14. HOURS  Activity [20 ]  Travel [3]
15. REASON FOR ACTIVIT Follow up to consumer	Y (Assignment Reference) 's report of eye injury caused	d by a flying toy.		
16. ANNOUNCED ( ) R UNANNOUNCED ( )	ationale for Announced Inspection			
17. EMPLOYEE'S NAME	Roger C. Burrows	TITLE Resident Invest.	SIGNATURE	
broke off as the toy wa	ent report of a 15 year old m s being used for the first time lar units of the toy were colle	ale who received e. The victim's a	an eye injury when to torney would not allo	he plastic "arm" of a flying figure by the actual unit to be collected ation.
19. REVIEWER'S NAME		TITLE Supervisor	SIGNATURE	
20. REVIEW DATE  August 21, 1997	21. DISTRIBUTION O: EHDS ( FOWR (L. Baxter, L. Cornell, K. Ba		CA (J. Kennedy), FOWR/LO	OS IDI file (M. Ruiz), FOER (R. Mora), c/s

1. TASK NUMBER 970609CCC3200			2.INVESTIGAT	TODIC TO	
				IOK-S ID	EPIDEMIOLOGIC
			8310		INVESTIGATION
ODDIEGO COOT	970609CCC3200				INVESTIGATION
2 000000					REPORT
	4 53.55		5. DATE INI	TTATED	
3. OFFICE CODE	4. DATE		7-16-97	IIAIAD	
	ACCIDENT		7-10-57		
871	5-10-97				
	1 - 2 - 7 /				
6. SYNOPSIS OF ACCIDEN					
A 15 year old mal	e receive	d trauma	to his le	eft eye wh	nen the "arm" of a
flying figure bro	ke off an	d struck	the eve.	The vict	im was using the
figure on the day					
that the victim m	ay suffer	cataract	, glaucom	na and ret	inal detachment
in the future.					
					i
7.LOCATION (Rome, School,	etc.)	8. CITY			9.STATE
Home 10		Las Vega	s		NV
10A. FIRST PRODUCT		10B. TRADE/	BRAND NAME		10C. MODEL NUMBER
Flying toy 5004		Flying Wa	arriors		18500
		L			
10D. MANUFACTURER NAME	AND ADDRESS				
Tara Toys					
Hauppauge, NY					
11A. SECOND PRODUCT		11B. TRADE/	BRAND NAME		11C. MODEL NUMBER
NONE					
11D. MANUFACTURER NAME	100 1000000	L			
IID. MANUFACTURER NAME	AND ADDRESS		•		
İ					
12. AGE OF VICTIM			14. DISPOSIT	TON	4.5
	13. SEX		1		15. INJURY
015	Male 1		Treated		DIAGNOSIS
	Ĭ		released	1	Trauma 71
	ļ				Trauma /1
}	l				
16. BODY PART (S)	17.RESPONDE	NT	18. TYPE OF		19. TIME SPENT
INVOLVED	Victim's	mother	INVESTIGATI	ON	(OPERATIONAL HOURS)
Eyeball 77	2		Telephon	e 2	20
I DACDOTT 11	4				
ı -					
-	21.CASE SOU	RCE	<u> </u>	22. SAMPLE	COLLECTION NUMBER
20. ATTACHMENT(S)			t 07	97-860-5623	
20. ATTACHMENT(S)	Consumer	COMDIAL			
-	Consumer	Compiair		i	
20. ATTACHMENT(S)	Consumer	Complain	07	İ	
20. ATTACHMENT(S)	Consumer	Compiair	07		
20. ATTACHMENT(S)					
20. ATTACEMENT(S) Multiple 9  23. PERMISSION TO DISCLO					
20. ATTACEMENT(S) Multiple 9  23. PERMISSION TO DISCLO	OSE NAMES (NO	N NEISS CASES			
20. ATTACEMENT(S) Multiple 9  23. PERMISSION TO DISCLO		N NEISS CASES		26. REGIONA	L OFFICE DIRECTOR
20. ATTACEMENT(S) Multiple 9  23. PERMISSION TO DISCLO	OSE NAMES (NO	N NEISS CASES		26. REGIONA	L OFFICE DIRECTOR
20. ATTACEMENT(S) Multiple 9  23. PERMISSION TO DISCLO	OSE NAMES (NO	N NEISS CASES		26. REGIONA	L OFFICE DIRECTOR

CPSC FORM 182 (REVISED 10/93) Approved through 5-31-00 OMB NO. 3041-0029

970609CCC3200 Page 1

The information contained in this report was obtained during a visit with the victim's attorney and an agent for the manufacturer's insurance company. A copy of the agent's report has been requested. If it is received it will be submitted later.

The victim's mother was not available during a visit to Las Vegas.

#### PRE EVENT

The 15 year old male victim was playing with a flying toy purchased for his 5 year old brother's birthday. The victim is 5 feet 8 inches tall and is right handed.

The victim's school health record indicates that the victim's sight was 20/20 during a vision check prior to the event. See attachment 1.

The victim operated the toy 15 times in 15 minutes prior to the event.

#### EVENT

The victim was standing on a neighbor's lawn. He was holding the toy in his right hand. His arm was extended. He launched the flying toy by pulling on the launching string with his left hand. The "arms" of the figure spun like the blades of a propeller. The victim heard a snap and one of the "arms" broke off and the hard, unprotected, part hit the victim in the eye.

## POST EVENT

The victim's eye was examined by an ophthalmologist. The ophthalmologist determined that the victim had received two lacerations to the surface of his left eye. See attachment 2 for the medical evaluation.

#### PRODUCT IDENTIFICATION

The toy involved in the event was manufactured by Tara Toy Corp., Hauppauge, NY. It is called Flying Warriors. It is model number 18500. It has been on the market for 1 1/2 years. Sales of the toy have amounted to 600,000 to 700,000 units. The manufacturer has had the toy tested. The toy is no longer being sold. It has run its course.

The toy is composed of a plastic warrior figure 7 inches long. The figure has "arms" like propellers which are 5 inches long. The "arms" are padded with sponge material for about one half of their length.

Included with the toy is a plastic launcher which is 6 inches by 5

inches. The launcher contains a string 8 1/2 inches long which when pulled causes the figure to spin. As the figure spins it rises.

The launcher also is designed to fire a foam "missile" when a trigger is pulled.

The toy is labeled with the CSPA warning for toys containing small parts. Also a warning is included that the toy should not be launched at people or animals.

The toy is labeled that it conforms to ASTM F963-95.

## 970609CCC3200 Page 2

The toy involved in the event was examined and photographed at the victim's attorney's office. See attached photos. The broken shaft that held the "arm" that struck the victim was measured at 3/16 inch.

#### SAMPLE COLLECTED

The victim's attorney declined to allow the toy involved in the event to be collected as a sample.

A visit was made to the retailer where the toy was purchased. The retailer was closing out the item and had only two units left. They were collected as sample 97-860-5623.

#### **ATTACHMENTS**

- 1. Victim's school health record.
- 2. Victim's medical records relating to the eye injury.

Photographs of the toy involved in the event plus the toy collected as a sample.

Jean

	FIELD	ACTIVITY CO	VERSHEET	
1. REGION/STATE FOWR	2. OPERATION (Check One) ( ) Inspection ( ) Telephone Contact ( ) Other [ ]	` '	lishment Visit Investigation	3. DATE 7-16-97 4. NUMBER (For RO Use) 970609CCC3200
5. ESTABLISHMENT Name Tara Toy Corp.	Сізу Hauppauge Zip 11	788	State Telephone	Address NY
6. RELATED FIRM Name [	( ) Parent ( ) Hea	idquarters (	) Subsidiary ( ) O	iker
7. PRODUCTS COVERED Flying toy			8. OTHER CONSUMER	PRODUCTS
9. ESTABLISHMENT TYPE ( ) Manufactus ( ) Wholesaler ( ) Retailer ( ) Other [	er ( ) Importer	l Distributor	10. ANNUAL PRODUCT Product Covered \$ 0 Other Products \$	
11. I.S. BUSINESS % Received [ ] % Shipped [ ]	12. SAMPLES COLLECTED 9	7-860-5623	3. MIS CODE 32626	14. HOURS Activity [20] Travel [3]
15. REASON FOR ACTIVITY Follow up to consume  No icla  16. ANNOUNCED ()  UNANNOUNCED (	r's report of eye injury cau why it broke off Rationale for Announced Inspect	sed by a flying to  Odnoth  ion two	it anything first dreep.	and break off and car
17. EMPLOYEE'S NAME	Roger C. Burrows	TITLE Resident Invest.	SIGNATURE	<del></del>
The attached audio ta was made of an interv	pe was received from the riew between the victim and the state of the	insurance agency d an insurance a	representing the mar gent. The investigation	n may now be classified
19. REVIEWER'S NAME	Keven Barton	TITLE Supervisor	SIGNATURE - JØ	0



Fireman's Fund Insurance Company

John R. Taylor Field Claims Manager

August 7, 1997

Consumer Products Safety Commission 13 Union Plaza Court Rm 104A Oceanside CA 92054

CLAÍM NO.:

680 97 567471

**OUR INSURED:** 

Tara Toy Corporation

DATE OF LOSS:

6/10/97

**CLAIMANT:** 

David Market

Dear Mr. Burrows:

I am in receipt of the authorization form that you afforded to me regarding the above-captioned claim. As I advised, I did obtain a recorded statement of David Huddler. A copy of his statement is attached.

Hopefully, the copy of this statement will be helpful to you.

Sincerely,

Ann Reinhardt

Senior Claims Representative

AR:cb525

U.S. CONSUMER PRODUCT SAFETY COMMISSION

1315 UNION PLAZA; ROOM 217 OCEANSIDE, CA 92054

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300

AN EQUAL OPPORTUNITY EMPLOYER

970609 CCC 3200

				•
1. NAME OF RESPONDENT Jackie Bickel-Loth	2. PHONE 206-565-9	NO. (HOME) 0652	none	DRK)
3. STREET ADDRESS	4. CITY			STATE ZIP CODE
6411 47th St. Ct. West	Tacoma			WA 98466-5605
5. DESCRIBE INCIDENT OR HAZARD, INCLUDI An adult friend launched hard plastic t launching cord (consumer thinks cloth) launcher and 5" tall hard plastic male into sharp 2" x 5" to 1-1/2" diameter p consumer thinks that 1 of the 2 hard pl -cont-	oy as instracted fraction figures. Pieces.	ructed when rom toy's h are with wi eces landed	ard pl ngs sh . 8' av	lastic nattered way and
6. DATE OF OF INCIDENTS 12/24/95 OF AND DESCRIBE INJURY: welt & bruise under left eye	AIN AGE/SEX		ENT, I	PROVIDE NAME
9. DESCRIPTION OF PRODUCT multicolored hard plastic projectile to	ру	10. BRAND Flying War		
11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE unknown, made in China unknown unknown	N.18500,	J, SERIAL N 029116 ER'S NAME,		
unknown Tara Toy Corp. unknown Hauppauge, NY 11788	Toys R Us	s oma Mall Bl NA 00000		SS & PHONE
14. WAS THE PRODUCT DAMAGED, REPAIRED OF MODIFIED? YES X NO IF YES, BEFOR OR AFTER THE INCIDENT? after DESCRIBE	RE DATE PUR	JCT PURCHAS CHASED 12/2		
damaged: see narrative	IF SO, NO	PRODUCT HADTE: age reunknown		RNING LABELS? ndations &
MANUFACTURER? YES NO x AVAILABLE IF NOT, DO YOU PLAN TO CONTACT IF NOT, THEM? YES NO x OTHER?	ITS DISPOS:	NO x ITION for a refu	ınd	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
	INISTRATION		20 5	OCUMENTE NO
20. DATE RECEIVED 21. RECEIVED 1dm/HL	BY (NAME &	OFFICE)	H9610	OCUMENT NO. 134A
23. FOLLOW-UP ACTION			24. PI 1317	RODUCT CODE(S)
25. DISTRIBUTION 2		ER'S NAME 8 /22/1996	TITL	Ε
CPSC FORM 175 (9/89)				

CONSUMER PRODUCT INCIDENT REPORT H9610134A

	rra					

eye causing a welt and a bruise; Rx at home.

1/6/96 Consumer returned toy to dealer, reported incident to dealer's customer service (name unknown) and received a refund.

Distributor phone #: unknown

CPSC Source: TEL

# CONSUMER PRODUCT INCIDENT REPORT Region: WESTERN

1. NAME OF RESPONDENT	2. PHONE	NO. (HOME)	(WORK)
Mary Ann Hayes	405-323-3	3927	none
3. STREET ADDRESS 1121 Chandler	4. CITY Clinton		STATE ZIP CODE OK 73601
5. DESCRIBE INCIDENT OR HAZARD, INCLUDIN 10-year-old grandson launched action fig younger grandson was standing behind him figure's hard plastic/foam rubber wings his right eye. Grandson received Rx at Hospital, Elk City, OK, for 5 days. Rou-cont-logg7 fol coll by 1. Kennely:  DATE 7. IF INJURY OR NEAR MISS OBTAI OF 8 Y/M	ure into to distance hit younge Great Plaistinely due wing did	the air as to unknown).  er grandson ins Regional to incider actives of the contract  8. IF VICT	Action and lacerated I Medical Center at, grandson has Foan winter. Notation
DENTS   AND DESCRIBE INJURY: 12 26/95   see narrative		Zachary Ha RELATI grandson	yes
9. DESCRIPTION OF PRODUCT 7" tall hard plastic figure w/launching		10. BRAND Flying War	riors
11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE unknown, made in China unknown unknown unknown Tara Toy Corporation Unknown Hauppauge, NY 11788  14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO x IF YES, BEFORE OR AFTER THE INCIDENT?  DESCRIBE:	18500, UI  13. DEALH Montgomer unknown Oklahoma unknown  15. PRODI DATE PURG  16. DOES IF SO, NO 5 and up	ry Wards City, OK  UCT PURCHAS CHASED 12/9  PRODUCT HA OTE: see na	ADDRESS & PHONE  ED NEW x USED 5 AGE 2 days  VE WARNING LABELS? rrative, age rec.:
MANUFACTURER? YES NO x AVAILABLE IF NOT, DO YOU PLAN TO CONTACT IF NOT, I THEM? YES NO x OTHER?	ITS DISPOS	x NO ITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
FOR ADMIN 20. DATE RECEIVED 21. RECEIVED E tca/HL	NISTRATION BY (NAME &	OFFICE)	22. DOCUMENT NO. H9650014A
23. FOLLOW-UP ACTION			24. PRODUCT CODE(S) 1317
25. DISTRIBUTION 26		ER'S NAME & /3/1996	TITLE
CPSC FORM 175 (9/89)			

## Narrative Continued

to have his eye checked for glaucoma. Consumer discontinued grandsons' use of toy. Silver, red, and green action figure called "Gyro" came with a hard plastic launcher. Child places action figure on launching device and pulls launcher's cord which propels action figure into the air. Consumer has seen a similar toy called "Sky Dancer" distributed by Galoob and feels it can also cause the same problem.

2/96 Consumer had purchased an identical toy for another grandson and went to dealer and explained incident. Dealer's rep. (name unknown) who offered consumer a refund; consumer accepted.

Warning: "Choking hazard. Small parts not for children under 3 yrs. Caution: do not launch at people or animals. Conforms to ASTM S963-95."

Distributor phone #: unknown

CPSC Source: MAG

PSA 0610.97, TARA [ NG TOY, JAN 1, 1987 - MAY 9, 1997

ClearingHouse Format - With Manufacturer

Reported Incidents

**U.S. Consumer Product Safety Commission** 

-National-Injury Information ClearingHouse

5/9/97

Zip: 98466

Page 1

**Document Number:** 

H9610134A Date Received': 01/24/96

Task Number:

Confirmed :-Y-State & WA

Issue: 17 Date Entered: 02/05/96

City: TACOMA Source: 0 Type Of Contact: 2

**Prod**: 1317 **FLYING TOYS** 

NO SECOND PRODUCT INVOLVEMENT Prod: 0

Date Injured: 12/24/95

Work Related: N

Age: 4

Sex:1 MALE

Disposition: 1 1=TREATED & RELEAS

Brand: TARA TOY CORP/MADE

Haz Type: A CUTTING OR PIERCING INSTRU

Screened ?:

Model: #N.18500, 029116

Narrative:

A 4 YOM RECEIVED WELT AND BRUISE UNDER LEFT EYE WHEN PROJECTILE TOY

SHATTERED INTO SHARP PIECES.

ocument Number: X9710002A

Task Number:

Issue: 14

Date Received: 01/02/97

Confirmed: Y State & MD Date Entered: 01/28/97 Zip: 21128

City: PERRY HALL

Type Of Contact: 21

Source: 0 Prod: 1317

**FLYING TOYS** 

Prod: 0

NO SECOND PRODUCT INVOLVEMENT

Date Injured: 12/29/96

Work Related: N

Age:8

Sex: 1 MALE

Disposition: 1 1=TREATED & RELEAS

Haz Type: B STRUCK BY FALLING OR THROWN OBJE

Brand: TARA TOY CORP.

Screened ?:

Model: 18500

AN 8 YEAR OLD MALE BROKE HIS TWO FRONT TEETH FROM PLAYING WITH A TOY FIGURE/PLASTIC LAUNCHER WHEN ONE OF THE ARM/WINGS LAUNCHED AND

STRUCK HIM IN THE MOUTH.

Document Number: X9710078A

Task Number: 970114CCC5206

Issue: 16

Date Received: 01/13/97

Confirmed:

Date Entered: 02/05/97

Zip: 21128

City: PERRY HALL

Source: 0

Type Of Contact: 10

**Prod**: 1317

**FLYING TOYS** 

Prod: 0

NO SECOND PRODUCT INVOLVEMENT

Date injured: 12/29/96

Work Related: N

Age:8

Sex:1 MALE

State: MD

Disposition: 1 1=TREATED & RELEAS

Haz Type: B STRUCK BY FALLING OR THROWN OBJE

**Brand: TARA TOY CORP/FLYIN** 

Model: 18500

Screened ?:

Narrative:

A BOY, AGE 8, SUFFERED INJURY TO TWO TEETH WHEN STRUCK BY A PIECE OF A FLYING TOY FIGURE. APPARENTLY THE FIGURE HAD BECOME CRACKED.

REPORTED INCIDENTS
U.S. CONSUMER PRODUCT SAFETY COMMISSION
NATIONAL INJURY INFORMATION CLEARINGHOUSE

DATE\_RECEIVED 961230
DATE\_ENTERED 970122
CITY ANN ARBAR
TYPE\_OF\_CONTACT: CONSUMER\_COMPLAINT z c· ISSUE DATE RECEIVED DATE ENTERED CITY WORK RELATED SEX M1 000 1317 FLYING TOYS 0000 961225 DATE INJURED STATE Source Product(S) H96C0263A CONFIRMED

'n

FLYING TOY HAD SHATTERED INTO SHARP PIECES. NARRATIVE : CONSUMER NOTICED,

: NF103

MODEL

ISSUE DATE RECEIVED DATE ENTERED CITY 970609ccc3200 STATE SOURCE PRODUCT(S) H9750160A Confirmed

ISSUE : 33
DATE RECEIVED : 970515
DATE ENTERED : 970606
ITY : LAS VEGAS
TYPE OF CONTACT: CONSUMER COMPLAINT

N M CUTTING OR PIERCING INSTRUMENTS PRODUCT(S): 1317 FLYING TOYS
0000
DATE INJURED: 970510
AGE
DISPOSITION: TR/REL
MANUFACTURER: TARA TOY CORP./ FLYING WARRIORS ·≥\$:

0

: 18500 MODEL NARRATIVE : 15 YEAR OLD BOY LACERATED LEFT EYE AND TORE HIS TRIS WHEN HE PULLED STRING TO LAUNCH TOY FIGURE IN THE AIR. WING DETACHED, BOUNCED OFF ANOTHER KID, THEN BOUNCED BACK AND HIT HIS LEKT EYE.

Трапк you for using Return Receipt Service.							
I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery	4a. Article Number  OCS 248 /58  4b. Service Type  □ Registered □ Express Mail □ Insured □ Return Receipt for Merchandise □ COD 7. Date of Delivery 7. Date of Delivery 8. Addressee's Address (Only if requested and fee is paid)	Domestic Return Receipt					
ve can return this ace does not cle number. und the date	4a. Article Number  25 4b. Service Type  Registered  Express Mail  Return Receipt for  7. Date of Delivery  7. Date of Delivery  8. Addressee's Addressee's Addarfessee's						
■ ■ Complete items 1 and/or 2 for additional services. ■ ■ Complete items 3, 4a, and 4b. ■ ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write *Fletum Receipt Requested* on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.	A Article Addressed to:  Bruce Pearl, President 40 Adams Avenue Tara Toy Corporation Hauppauge, NY 11788  5. Beceived By: (Print Name)  6. Signature: (Addressee or Agent)	PS Form 3811, December 199					

8/24 T/c to C. Slavis re Tara
Poster - not yet sent to retailers  I error being fixed. Mailing Should eccur on 8/28,  Then PR con gi in following week
Tara F130 checking status of injuries Ac imay be accurately characterized in P.R. "PR. cannot go this week"
We sent to or pridates

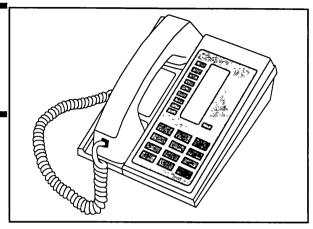
# MEMORANDUM OF TELEPHONE CALL

# JEAN KENNEDY

DATE: 5-12-98	TIME:
TELEPHONE: 3,2-3	Francis. For Fernancy ett / Francis. 3 77311 CAME - TARA TOU FIYING WARRICK
DISCUSSION: ( //J/	197 d. Ca.  144 - Lac i shatlarderia  dense replacat  Lose of juget  Pulled strong. Let him in eye.  or hit wall: hit him  Wing (broken off) het hissinge.  wing in trobung Expert has tay.
NEXT ACTIONS: . Will	men Bill Monas  et for experts sport & pictures of arm/seam
	m n Tues for PR

# MEMORANDUM OF TELEPHONE CALL

# JEAN KENNEDY



ME:	:PHONE :	TE: 15-19-97	TIME: <u>///////,                             </u>
M: EPHONE:	: PHONE: ECT:	E: Marine	<i>;</i>
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JECT:		· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	ISSTON.	BJECT:	

There are " a Not just on the land of best of a sold confining committee by py

NEXT ACTIONS: place hundinged the land of or Amend Treet.

2. We see god gray to wet to prest the Unough them.

The prof in there they to the only of people "...

1. TASK NUMBER			2.INVESTIGA	ror's ID	EPIDEMIOLOGIC	
\ 970114	CCC5206		8944		INVESTIGATION	
•	X9715				REPORT	
3. OFFICE CODE	4. DATE ACCIDENT YR : 96/12	MO DAY	5. DATE INIT YR MO 97/02	DAY		
	90/12	129				
6. SYNOPSIS OF ACCIDENT OR COMPLAINT  O 29116 18500 5  An 8 year old male was playing with a flying toy in the basemen of his home in Perry Hall, Maryland. When he pulled the string whi made the toy fly, the figure split apart throwing the one wing into his front teeth. The victim's mother took him to the dentist the following day and reconstructive work was done on his broken front teeth.					d the string which ne one wing into ne dentist the	
7.LOCATION (Home, School, Home	etc.) .0	8. CITY Perry Ha	11		9.state Maryland	
10A. FIRST PRODUCT Toy 1317		10B. TRADE/ Tara Toy			10C. MODEL NUMBER	
10D. MANUFACTURER NAME AND ADDRESS  Fara Toy Corp.  Hauppauge, N.Y. 11788						
11A. SECOND PRODUCT		11B. TRADE/ N/A	BRAND NAME		11C. MODEL NUMBER N/A	
11D. MANUFACTURER NAME AND ADDRESS N:/A						
12. AGE OF VICTIM 008	13. sex Male	1	14. disposition of the control of th		15. INJURY DIAGNOSIS Dental Injury 60 .	
16. BODY PART (S) INVOLVED Teeth 88	17.RESPONDE Compla	NT inant 1	18. TYPE OF INVESTIGATION On-site 1		19. TIME SPENT (OPERATIONAL HOURS) 12.5	
20. ATTACHMENT(S) None 0	21.CASE SOU	RCE Complair	nt 07	22. SAMPLE COLLECTION NUMBER  None		
23. PERMISSION TO DISCL		ON NEISS CASE	<del>,</del>			
24. REVIEW DATE	25. REVIEWE	D BY	" - "- <del>"                               </del>	26. REGIONA	L OFFICE DIRECTOR	
27. DISTRIBUTION O:EHDS CC:MAS	SC/CCA					

CPSC FORM 182 (REVISED 12/96)

OMB NO. 3041-0029

# EFFICIENT FOTIFIED

Comments made
Comments attached
Excisions/Revisions
Firm has not requested further notice

#### 970114CCC5206

# **PRE-INCIDENT:**

Information concerning this incident was provided by the victim's mother, on-site at their home in Perry Hall, Maryland. The victim is a 8 year old male who resides in a 3 story single family town house with his brother, mother, and father.

On Saturday, December 28, 1997, the victim and his family visited relatives in Taneytown, Maryland. Both the victim and his brother each received a "Flying Warrior" toy from their aunt. Both toys were purchased new and at the same time from "Toy Works" in Westminster, Maryland. The "Flying Warrior" toy is a futuristic pistol style gun that has a styrofoam dart that fits on the muzzle of the pistol. There is an action figure of a man in a space costume with wings for arms. The arms move up and down from the figures sides. This figure fits into a round hole on the top of the pistol. When a retractable pull cord on the back of the pistol is pulled, the figure spins up into the air and the arms/wings open up and the figure spins like a helicopter to the ground. The styrofoam dart can be fired at the figure in flight by squeezing the pistol grip. It was too cold for the brothers to play with their flying toys outside, so they victim's toy was not used that day.

On the following day, Sunday December 29, 1997, the victim and his brother were playing with their flying toys on the first floor of their home. The weather was still cold and overcast, so they were playing in the house.

# INCIDENT:

The victim launched his figure approximately 2 times without incident. On the third attempt, the victim pulled the retractable pull cord which launches the figure. As the figure started to spin into the air, the plastic figure split down the seam throwing the figures plastic arm/wing at the victims face. The arm/wing his the victim in the mouth breaking the victims upper 2 front teeth.

## **POST-INCIDENT:**

The victim ran upstairs to the kitchen where his mother was, and showed her what had happened. The victims brother had gathered up the broken fragments of the victims teeth and brought them upstairs to his mother. The victim's mother called her pediatrician and he informed her to contact her dentist. She then contacted their dentist and

## 970114CCC5206

made an appointment for the following day at 8:00 am. During their dental appointment, the dentist x-rayed the victims teeth and found that the nerves were not damaged. The teeth were then capped with a resin material. The dentist informed the victim's mother that the chemicals in the resin used to cap the victims teeth may start to kill the nerves, but they would not know for another 6 months. The victim has a follow up appointment in July of 1997. At this appointment it will be determined whether the victim will need a root canal or not.

The victim's mother has contacted the manufacturer of the toy and was referred to the firms insurance company. The insurance company for the firm is: Fireman's Fund Insurance Company. The insurance company and the victim's mother are waiting for all medical bills to be presented to the insurance company before settling the claim. The victim's mother has not decided what to do with the toy at this point. She is holding the toy until the claim is settled. I was able to photograph the broken toy and the unbroken toy that was the brothers, but was unable to obtain the toy as a sample. Immediately after the incident, the victim's mother would not allow the victim's brother to play with his "Flying Warrior" toy. She is afraid the same thing may happen with the unbroken toy.

# **PRODUCT IDENTIFICATION:**

The toy is known as a "Flying Warrior" toy which is distributed by "Tara Toy Corporation", Hauppauge, N. 7. 11788. Both the action figure and the packaging state, "Made in China". The model number is: 18500, and the SKU on the packaging is: "0 29116 18500 5". The action figure is approximately 7" tall and has a wing span of approximately 9" and is made of plastic with a seam running up each side of the figure. The front half of the figure is glued to the rear half. The arm/wing that struck the victim is approximately 5" long.

## **STANDARDS:**

There are current CPSC standards for toys intended for children under the age of 3. This standard can be found in 16 CFR; SUBCHAPTER C-FEDERAL HAZARDOUS SUBSTANCES ACT REGULATIONS; Part 1501, Method for identifying toys and other articles intended for use by children under 3 years of age which present a choking, aspiration, or ingestion hazards because of small parts. There is also a standard

## 970114CCC5206

for small balls, marbles, latex balloons, and other small parts. This can be found in 16 CFR; SUBCHAPTER B-CONSUMER PRODUCT SAFETY ACT REGULATIONS; Part 1117, Reporting of choking incidents involving marbles, small balls, latex balloons and other small parts. There are also incustry set voluntary standards. There is a conformance statement on the retail package for this toy, which states: "Conforms to ASTM-F963-95". There is also a warning label located on the front, top, right hand side of the package, which states: "Warning: Choking Hazard-Small Parts Not for children under 3 yrs.".

# **EXHIBITS:**

The following exhibit is attached:

1. Photographs of the broken toy and unbroken toy.

# ACCIDENT INVESTIGATION REQUEST FORM

Document Number _	Xq	7/007.8	A	
Date of Incident	12/29/9	Category	I.D. <u>SEC. 7</u>	#TK/99
Pollow-Up Request	ed '	Bazard Analysis	•	Section 15
Type Pollow-Up Re		Telephone Call		On-Site )
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	· Fliabl			
MUEST	igation	on the	e Attac	hed
Miller	to (1/1	ref the	e skill	ple 15
143 5til	// avail	able.		
			·	<del></del>
			·	
·			<del></del>	
Person(s) to Cont	act e	Eric .		
,			3	
	Ferry	Hall	MD	21/28.
			and the second second second	
Guideline			•	
				•
Requested By	0 *	1111000	None.	
Task Number		114 CCC	5000	
Assigned to	MASC	Date	97011	<u> </u>

